## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000047427 (8)

MANATEE PROPERTIES, INC.

Principal Place of Business Mailing Address				·		
2501 GULF DR SUITE 101 BRADENTON BEACH F. 34217		P.O. BOX 1965 HOLMES BEACH FL 34218-1965 US				
US		••			3. Date Incorporated or Qualified 06/29/1993	3a. Date of Last Report 05/01/1996
<u></u>		2a. Mailing Address	— ·		4. FEI Number	Applied For
21		26		65-0423639	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for in	
24	25	29	30			Yes No
	9. Name and Address of Curre	nt Registered Agent	81	T	10. Name and Address of New Reg	gistered Agent
ANNIS, WILLIAM K				Name		
	1 85TH ST. N.W.		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
BRA	DENTON FL 34209		83			
			64	City		DE Zin Codo
			.   64	City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ag	ent and litte if applicable. (Ni	O1E : Flegistored Ag		poration submits this statement for the p tion's board of directors. I hereby accep lired when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	P ANNO MANAGEM	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	ANNIS, WILLIAM K 1611 85TH ST. N.W.		1.2 NAME			
STREET ADDRESS	BRADENTON FL 34209			T ADDRESS		
CITY-ST-ZIP	DIVIDENTON'TE OVERS	DELETE	1.4 City-S1-Zi			Change Additio
NAME	ĺ		2.2 NAME	ĺ		
STREET ADDRESS				T ADDRESS		
CITY-\$T-ZIP			2. 4 CITY			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	1		
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP		T priess	3 4. City	ST-ZIP		T 06.
TITLE		[_] DELETE	4.1 TITLE			Change Addition
NAME OTREST ADDRESS			4.2 NAMI			
STREET ADDRESS			•	1 ADDRESS		
CITY-ST-ZIP		DELETE	4.4 C(1Y- \$.1 THLE	51-211'		☐ Change ☐ Addition
NAME		_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.2 NAME			The seconds The Control
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	B.1 TOLE			Change Addition
NAME	]-		6.2 NAME			• •
STREET ADDRESS			1	1 ADDRESS		
CITY-ST-7/P			B & City.			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**FILED** 

May 12 1997 8:00am

Secretary of State